## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10 534923

| CLAIMS AS FILED - PART I  |  |   |   |                                    |              |                                      |   | SMALL ENTITY TYPE   |                        |          | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|---|------------------------------------|--------------|--------------------------------------|---|---------------------|------------------------|----------|----------------------------|------------------------|--|
| L   |  | <del></del>                               | (Colur                                      | nn 1)                              | 1            | (Column 2)                           | 7 |                     | <del></del>            | <b>7</b> | SWALL                      | EMILIT                 |  |
| U.  | S. NATIONAL                                    | STAGE FEES                                |   |                                    |              |                                      | _ | RATE                | FEE                    | _        | RATE                       | FEE                    |  |
| BASIC FEE   |  |   | SMALL EN                                    | SMALL ENT. = \$ 150                |              | GE ENT. = \$ 300                     |   | BASIC FEE           |                        | OR       | BASIC FEE                  | 130°                   |  |
| EXAMINATION FEE   |  |   | Satisfies PCT (4) = \$56                    |                                    |              | other situations = \$ 100 / \$ 200   |   | EXAM. FEE           |                        |          | EXAM. FEE                  | 200                    |  |
| SEARCH FEE  |  |   | U.S. is ISA =<br>ALL other co<br>\$ 200 / : | ountries =                         | Allo         | ther situations =<br>\$ 250 / \$ 500 |   | SEARCH FEE          |                        |          | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | mir   | minus 100 =                        |              | / 50 =                               |   | X \$ 125 =          |                        |          | X \$ 250 =                 |                        |  |
| тот   | TAL CHARGEA                                    | BLE CLAIMS                                | 15 m  | inus 20 =                          | *            |                                      |   | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |  |
| IND   | EPENDENT CI                                    | AIMS                                      | 2 "   | ninus·3 =                          | *            |                                      |   | X \$ 100 =          |                        | OR       | X \$ 200 =                 |                        |  |
| MUI   | TIPLE DEPEN                                    | DENT CLAIM PR                             | RESENT                                      |                                    |              |                                      |   | + \$ 180 =          |                        | OR       | + \$ 360 =                 | 300                    |  |
| * If the difference in column 1 is less than zero, enter "0" in   |  |   |   |                                    |              | olumn 2                              |   | TOTAL               |                        | OR       | TOTAL                      | 1260                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |   |                                    |              |                                      |   | SMALL E             | ENTITY                 | OR       | OTHER<br>SMALL I           |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I  | BER<br>BUSLY | PRESENT<br>EXTRA                     |   | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                       | **                                 |              | =                                    |   | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                       | ***                                |              | =                                    |   | X \$ 100 =          |                        | OR       | X \$ 200 =                 |                        |  |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                    |              |                                      |   | + \$ 180 =          |                        | OR       | + \$ 360 =                 |                        |  |
|   |  |   |   | `                                  |              |                                      | • | TOTAL ADDIT.<br>FEE |                        | ÖR       | TOTAL ADDIT.<br>FEE        |                        |  |
|   |  |   |   |                                    |              |                                      |   |                     | -                      |          |                            |                        |  |
|   |  | (Column 1)                                |   | (Colum                             |              | (Column 3)                           | _ |                     |                        |          |                            |                        |  |
| 윘   |  | CLAIMS REMAINING AFTER AMENDMENT          |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA                     |   | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                       | **                                 |              | = .                                  | ſ | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                       | ***                                |              | =                                    |   | X \$ 100 =          |                        | OR       | X \$ 200 =                 |                        |  |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |   |                                    | LAIM         |                                      |   | + \$ 180 =          |                        | OR       | + \$ 360 =                 |                        |  |
|   |  |   |   |                                    |              |                                      |   | OTAL ADDIT.         |                        | OR       | TOTAL ADDIT.<br>FEE        |                        |  |
|   | , .  |   |   |                                    |              |                                      |   |                     |                        |          |                            |                        |  |
|   |  |   |   |                                    |              |                                      |   |                     |                        |          |                            |                        |  |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                    |              |                                      |   |                     |                        |          |                            |                        |  |